

Please Type a plus sign (+) inside this box

+

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16(e)) required)	<b>Attorney Docket Number</b>	<b>12455ROUS02U</b>
	<b>First Named Inventor</b>	<b>Leo L. Strawczynski</b>
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>Group Art Unit</b>	
	<b>Examiner Name</b>	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SERVICING MULTIPLE HIGH SPEED DATA USERS IN SHARED PACKETS OF A HIGH  
SPEED WIRELESS CHANNEL**

the specification of which



is attached hereto  
OR



was filed on (MM/DD/YYYY) , as United States Application Number or PCT International  
Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2,305,040	Canada	(04/13/2000)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

**DECLARATION - Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

<b>U.S. Parent Application or PCT Parent Number</b>	<b>Parent Filing Date (MM/DD/YYYY)</b>	<b>Parent Patent Number (if applicable)</b>	
<b>09/766,267</b>	<b>(01/19/2001)</b>		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below			
<b>Name</b>	<b>Registration Number</b>	<b>Name</b>	
John D. Crane	25,231	Vernon E. Williams	
W. Glen Johnson	39,525	Howard R. Greenberg	
Bruce E. Garlick	36,520	Randall Mishler	
James A. Harrison	40,401	Kevin L. Smith	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label OR <input checked="" type="checkbox"/> Correspondence address below			
<b>Name</b>	Bruce E. Garlick		
<b>Address</b>	Garlick & Harrison		
<b>Address</b>	P.O. Box 691		
<b>City</b>	Spicewood	<b>State</b>	TX
<b>Country</b>	US	<b>Telephone</b>	(512) 264-8816
		<b>Zip</b>	78669-0691
		<b>Fax</b>	(512) 264-3735
I hereby declare that all statements made herein of any own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
<b>Leo L.</b>		<b>Strawczynski</b>	
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b>	Ottawa	<b>Prov.</b>	Ontario
<b>Post Office Address</b>	479 Highland Avenue		
<b>Post Office Address</b>			
<b>City</b>	Ottawa	<b>Prov.</b>	Ontario
		<b>Zip</b>	K2A 2J5
<b>Name of Inventor:</b>	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
<b>Wen</b>		<b>Tong</b>	
<b>Inventor's Signature</b>			<b>Date</b>
<b>Residence: City</b>	Ottawa	<b>Prov.</b>	Ontario
<b>Post Office Address</b>	12 Whitestone Dr.		
<b>Post Office Address</b>			
<b>City</b>	Ottawa	<b>Prov.</b>	Ontario
		<b>Zip</b>	K2C 4A7
		<b>Country</b>	Canada